



**RENEWAL APPLICATION
RENEWALS
APPLICATION
PROCESS**



2009

Please enter the CACFP agreement number on the box?

Check
List

Complete a site application for each facility

Attach the ED Permit and Survey Report

Complete the Management plan page 1 thru 7

Submit Public Release Statement

If applicable, Food Service Contract *(for each site under contract)*

Letter To Parents

CHILD AND ADULT CARE FOOD PROGRAM

New Center Application []
Renewal Application []

Type or print clearly

Center/Site Application

INSTRUCTIONS: (This form is required for each center or site)

1. NAME OF CENTER/SITE: Agreement Number:
2. MAILING ADDRESS CITY STATE COUNTY ZIP
PHYSICAL LOCATION: Please give specific directions or enclose a map. (No P.O. Box numbers please)

3. NAME & TITLE OF PERSON IN CHARGE AT THE FACILITY:
Telephone Number at the Center:

4. APPROVAL TYPE:
[] State Licensed [] Tribal [] Public School
[] Military [] N/A specify-

5. TYPE OF CENTER- Check which that apply
[] Child Care Center [] Outside School-hours/Before & After Prog.
[] Head Start [] Adult day care center
[] Emergency Shelters-serving homeless children
[] "At Risk" After School Program***
[] Other Specify-

*** PLEASE INCLUDE "AT-RISK" PROGRAM ATTACHMENT

6. LICENSE Number: (Attach Copy)
Expiration Date: Capacity:

7. ATTACH CURRENT EID REPORT AND PERMIT AND REPORT
[] Attached [] No permit

8. DAYS OF OPERATION:
[] M [] T [] W [] Thu [] F [] SAT [] SUN

9. HOURS OF DAY CARE CENTER OPERATION:
From: To:
8A. Part Day: Time:

10. MONTHS OF OPERATION:
[] JAN [] FEB [] MAR [] APR [] MAY [] JUN
[] JUL [] AUG [] SEPT [] OCT [] NOV [] DEC

11. METHOD BY WHICH MEALS WILL BE PROVIDED
[] On Site Kitchen [] Off site*
* If Off Site - Please check below.
A. [] Preparation at central kitchen
B. [] Under contract with local school district
Name of School:
C. [] Under contract with food service management company
Name of Company:
D. [] Other -Specify:

If "B" or "C" checked, include copy of Contract or Agreement

12. MEAL SERVICE
CHECK MEALS TO BE CLAIMED:
TIME MEAL SERVICE BEGINS ** TIME LAST SHIFT BEGINS
A. [] Breakfast, 7:00-9:00 am
B. [] AM Snack, 9:00-11:00 am
C. [] Lunch, 11:00 am-1:00 pm
D. [] PM Snack, 2:00-4:00 pm
E. [] Supper, 5:00-7:00 pm
F. [] Late Snack, 7:00-9:00 pm
G. Shifts? [] NO [] YES **(list last shift begins above)

Please See Reminder Page on Back)

13. NUMBER OF PARTICIPANTS ENROLLED
A. Free Category (Can be estimated)
B. Reduced Price Category
C. Not Eligible for Free or Reduced Price
D. Total Number of Enrolled Children (A+B+C)
E. CYFD-Child Care Assistance Programs

14. AGE RANGE OF PARTICIPANTS ENROLLED AT THE CENTER
From: To:
Do you have infants enrolled at the center? [] NO [] YES
If yes, do you claim infants? [] NO [] YES

I UNDERSTAND THAT this information is being given in connection with the receipt of Federal funds, and that a deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

- NEW SPONSOR
- RENEWAL

**Application and Management Plan
for Sponsoring Organization of day care centers**

(Please Print or Type)

1. **LEGAL NAME OF ORGANIZATION:** _____
 Mailing Address: _____ Zip: _____
 City: _____ State: _____ County: _____
 Location: _____
(Use only if mailing address does not describe. Physical location)

2. **Number of center(s) under administration:** _____

3. **OFFICIAL INFORMATION:** *(Owner, Chairman of the Board/President, Dean, Tribal governor, Pastor, etc.)*
 Salutation: _____ Name: _____ Title: _____
 E-Mail Address: _____ **D.O.B** _____
 Address: _____ Phone Number: _____
 _____ FAX Number: _____

(Note: Name of the sponsor official must be identical to the Certificate of Authority)

4. a). **PRINCIPAL ADMINISTRATOR OVERSEEING THE OPERATION OF THE CACFP:**
(This person must attend one of the annual training sessions provided by the State Agency, and will receive all correspondence pertaining to the day to day operations of the program)
 Salutation: _____ Name: _____ Title: _____
 E-Mail Address: _____ **D.O.B** _____
 Address: _____ Phone Number: _____
 _____ FAX Number: _____

Describe all duties assigned to this person: _____

b). NAME OF REPRESENTATIVE(S) AUTHORIZED TO SUBMIT CLAIMS

Full Name: _____ Title: _____
 Full Name: _____ Title: _____

(Note: Name of representatives must be same as on Certificate of Authority)

5. Do you want to receive advance payment if funds are available? YES NO

(Note: Advances are approved only with complete initial application submitted and approved timely.)

6. Is this organization considered faith-based?
 Yes No

(Note: As of October 1, 2007 all participants, will be receiving cash-in-lieu of commodities.)

7. **ORGANIZATION APPROVAL TYPE**
 FOR-PROFIT *(Please complete Certificate of Eligibility of Proprietary "For Profit" Centers)*
 NON-PROFIT *(if non-profit, answer question number 8(a) below)**

8. a) **NON-PROFIT**, Subtype*
 Tribal-**Attach copy of Tribal letter** School Authority (Public, Private)
 Government Entity Private - Non-Profit *(Please complete 8(b) Next Page)*

b) **LIST THE BOARD OF DIRECTORS** (Only complete if you checked Private Non-Profit on 8 (a) on Page 1 of 7)

i. **(President)**

Name: _____

Address: _____

Day time Phone # _____

D.O.B _____

ii. **(Vice-President)**

Name: _____

Address: _____

Day time Phone # _____

iii. **(Treasurer)**

Name: _____

Address: _____

Day time Phone # _____

iv. **(Secretary)**

Name: _____

Address: _____

Day time Phone # _____

v. **(Other Member)**

Name: _____

Address: _____

Day time Phone # _____

vi. **(Other Member)**

Name: _____

Address: _____

Day time Phone # _____

vii. Do any of these members receive any compensation or payment of any kind from the organization?

Yes No

If "Yes" (Explain): _____

viii. Do any of these board members have any relationship to any other board members and/or sponsoring organization personnel?

Yes No

If "Yes" (Explain): _____

USE ADDITIONAL SHEETS IF NECESSARY. For New Sponsors, Submit a copy of your 501- (c) - 3 notification from IRS.

9. List all publicly funded programs that the organization has participated in during the past seven(7) years.

10. a) **Did the institution/organization receive & expended over \$500,000.00 in Federal, State or Local government program funds and require an audit?** Yes- Give date of last Audit: _____
 No- If "Not" (*please complete below*)

list ALL funding sources received (federal, state and local) during the last complete fiscal year for the institution/ organization. Also list the funding year and corresponding amounts of funding received and expended. The following information is necessary as part of a federal requirement in OMB Circular A-133 Sub-part B - Audits Section. Use additional sheets if necessary.

Name of Source/ Agency/ Program/ or Grant	Funding Year	Funding Received	Total Yearly Expenditures
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Use additional sheets if needed</i>	TOTAL:	_____	_____

b) Give a starting date ___/___/___ and ending date ___/___/___ of the fiscal year in which your organization operates.

11. Will the sponsor keep original copies of receipts, invoices and time sheets on site in order for reviewers to validate CACFP expenses? YES NO

If Not (**Explain**, how reviewers will be able to examine your accounting documents to verify and determine allowable costs).

12. List all sources of cash income available for the food service other than CACFP reimbursement, to pay back disallowances or cover the cost of meals not covered by CACFP. **NOTE:** This is Applicable to ALL institutions.

13. a) Outline your schedule for training CACFP staff, administrative and food service personnel listed on (15a). Training must consist of civil rights and CACFP requirements. **(Please Specify at least one training date)** and topics to be covered. Staff training must be done prior to beginning program operations, and at least annually. ***(This does not include CACFP training provided to the sponsor by the State Agency).***

b) Who will conduct the training session(s)?

14. a) Outline your plan for providing the monthly Nutrition Education required for children in your Center. **Use additional sheets if necessary.**

b) Who will conduct the Nutrition Education?

Month:	Activity:	Date:	Nutrition Learning Objective:
Example-	Prepare (2) two different recipes using pumpkin as an ingredient	12	Children will be able to pour and mix ingredients, knead dough and be able to understand the preparation process
October-			
November-			
December-			
January-			
February-			
March-			
April-			
May-			
June-			
July-			
August-			
September-			

15. SPONSORING ORGANIZATION ADMINISTRATIVE STRUCTURE FOR CACFP
 (List ONLY Sponsoring Organization Personnel who will be administering the Child & Adult Care Food Program. Attach additional sheets if necessary. The sponsor can also submit a copy of any structure charts available.)

15(A)

* If you answered yes to claiming labor cost under CACFP, please continue filling out this section for that person.

CACFP Duties/Responsibilities	Name of person assigned	* Is this Person being Claimed for Labor cost under CACFP	Number of hours per day spent on CACFP	Hourly Wages	Number of Days per Week	Number of Weeks	TOTAL SALARY FOR PROGRAM YEAR
<i>(EXAMPLE):</i>	<i>John Doe</i>	<i>Yes</i>	<i>5</i>	<i>\$5.51</i>	<i>5</i>	<i>52</i>	<i>\$7,163.00</i>
Overseeing CACFP, Contact for State Agency.				\$			\$
Conducts Monitoring of Facilities				\$			\$
Conducts Training				\$			\$
Menu Planning				\$			\$
Prepares Food for the Center				\$			\$
Completes the Menu Record Book				\$			\$
Ordering and/or Purchasing of Groceries. If applicable, (oversee vended meals Contract).				\$			\$
Approves and Keeps Track of the IEA's				\$			\$
Prepares Claims for reimbursements				\$			\$
Deposits Checks, Tracks Receipts, Accounting Activities				\$			\$
Does Monthly Nutrition Education Activity				\$			\$
Takes Meal Counts/Attendance				\$			\$
Other Duties-				\$			\$
Other Duties-				\$			\$
Other Duties-				\$			\$
Other Duties-				\$			\$
YEARLY CONVERSION: (Hr per Day) x (Hrly Wage) x (# of Day per we) x (# of wks in Operation)=							

15(B) **TOTAL COST FOR SALARIES** [Sum] total salary for program year.

\$

Note: The primary purpose of the CACFP is to provide reimbursement for food expenses, but a portion of your annual budget may be applied towards non-food related program expenses. (For example, cook's salaries, paper supplies, cleaning supplies, etc.)

46. A) Provide a schedule for monitoring food service operations at each facility under your administration. (Each center site must be reviewed at least three times each year, including one review during the first six weeks of CACFP operations. These reviews cannot be more than six months apart. Give specific dates when monitoring is anticipated to take place at your center(s), and any additional monitoring efforts and dates.

Anticipated date for your 1st monitoring visit - _____ / _____ / _____

Anticipated date for your 2nd monitoring visit - _____ / _____ / _____

Anticipated date for your 3rd monitoring visit - _____ / _____ / _____

B) Who will conduct the Monitoring visits? _____

17.

FOR SPONSORING ORGANIZATIONS WITH MULTI-CENTERS ONLY

17a Attach a copy of your policies restricting outside employment that might interfere with CACFP duties

17b What is your procedure for collection of CACFP records? (example: meal counts, attendance, IEA's, food receipt's, etc.)

17c In what office are these records located?

17d How frequently do you collect these CACFP records?

*******(Please certify and sign below)*******

I CERTIFY THAT the information on this application is true to the best of my knowledge; that reimbursement will be claimed only for meals served to enrolled participants and; that the CACFP will be available to all eligible participants regardless of race, color, national origin, sex, age, and handicap, and I further certify that the organization has not been terminated from any publicly funded program for failure to comply with program requirements with in the past 7 (seven) years.

I UNDERSTAND THAT this information is being given in connection with the receipt of Federal funds, and that a deliberate misrepresentation may subject me to prosecution under applicable State and federal criminal statutes.

I CERTIFY THAT no board members or principals of the organization have been convicted of a crime which would indicate a lack of business integrity at any time during the past 7 (seven) years.

Name and Title of Authorized Sponsoring Organization Representative (print or type)

Signature of Authorized Organization Representative

Date

PROJECTED REVENUE;

Provide an estimated annual budget (October 1 through September 30) for CACFP administrative and operational (food service) expenses associated with CACFP

For State Use

*Proposed
Budget*

*Approved
Percentage*

*Anticipated
Budget
Amount*

I. TOTAL PROJECTED REIMBURSEMENT

Based on 100% estimated reimbursement amount you expect to receive for the program year.

\$ _____

_____ % / \$ _____

II. OPERATING EXPENSES

Operational Budget Costs-Operational costs are those directly associated with the preparation, service, and clean-up of the food service operation. Food Costs/Vended Meals Purchased.

a.) Food cost,

(Up to 100% of the total reimbursement may be appropriated)

\$ _____

_____ % / \$ _____

b.) Non-food but related expenses,

(Such as paper goods and supplies, under \$500 per item)

\$ _____

_____ % / \$ _____

c.) Food service labor cost,

(should reflect labor cost under CACFP on page 4 of 7)

\$ _____

_____ % / \$ _____

d.) Food service equipment,

(Equipment over \$500 or other property) Specific prior written approval required.)

\$ _____

_____ % / \$ _____

Specify items: _____

e.) Enter the total operating expense, II. (a+b+c+d).

\$ _____

_____ % / \$ _____

III. ADMINISTRATIVE EXPENSES

Administrative Budget Costs-Administrative costs are those associated with office staff labor, equipment, nutrition education and supplies.

a.) List of expenses

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Attach additional sheet if necessary

b.) Admin. labor cost

(should reflect labor cost under CACFP on page 4 of 7)

\$ _____

_____ % / \$ _____

c.) Audit Fees,

\$ _____

_____ % / \$ _____

e.) Enter the total Admin. expense, III. (a+b+c). Ensure to include any amounts from any additional sheets.

\$ _____

_____ % / \$ _____

(Administrative expenses are limited to the lesser of 15% total reimbursement payments received or net allowable costs.)

CHILD AND ADULT CARE FOOD PROGRAM SAMPLE PUBLIC RELEASE STATEMENT

Agreement Number: _____

This is to be submitted to the News Media for publication.

It is required that each day care sponsor make available to the local information media a public release announcing the availability of free meals and that such meals are available to all in attendance without regard to race, color, age, national origin, sex or disability. Please submit to media the sample statement below. Fill in the sponsor or center name.

The _____ announces the sponsorship of the Child and Adult Care
(Name of Adult Day Care Center/Sponsor)

Food Program. All adults enrolled in an adult day care program will be offered the same meals with no physical segregation of, or other discriminatory action against any adult because of race, color, age, national origin, sex or disability. If you feel you have been discriminated against, write immediately to: USDA, Director, Office of Civil Rights, Room 326- W, Whitten Building, 1400 Independence Ave., SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). Adult participants enrolled in an adult day care program and who are members of food stamp households or who are SSI or Medicaid participants are automatically eligible for free benefits.

The _____ announces the sponsorship of the Child and Adult Care
(Name of Day Care Center/Sponsor)

Food Program. All children in attendance will be offered the same meals with no physical segregation of, or other discriminatory action against any child because of race, color, age, national origin, sex or disability. If you feel you have been discriminated against, write immediately to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave., SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD) Children who are members of FDPIR food distribution program in Indian reservation or food stamp households are automatically eligible to receive free meal benefits.

STANDARDS FOR DETERMINING ELIGIBILITY (EFFECTIVE FROM JULY 1, 2008 TO JUNE 30, 2009)

FREE MEALS				REDUCED PRICE MEALS			
HOUSEHOLD SIZE	YEAR	MONTHLY	WEEK	HOUSEHOLD SIZE	YEAR	MONTHLY	WEEK
1	13,520	1,127	260	1	19,240	1,604	370
2	18,200	1,517	350	2	25,900	2,159	499
3	22,880	1,907	440	3	32,560	2,714	627
4	27,560	2,297	530	4	39,220	3,269	755
5	32,240	2,687	620	5	45,880	3,824	883
6	36,920	3,077	710	6	52,540	4,379	1,011
7	41,600	3,467	800	7	59,200	4,934	1,139
8	46,280	3,857	890	8	65,860	5,489	1,267
For each additional Family member	+4,680	+390	+90	For each additional Family member	+6,660	+555	+129

Submitted to: _____
(Name of News Media)

(Date Submitted)

CHILD AND ADULT CARE FOOD PROGRAM
Letter to Households

Agreement Number: _____

Instruction: This letter must accompany the Income Eligibility Application

Dear Parent/Guardian,

_____ participates in the Child and Adult Care Food Program (CACFP) administered by the

Name of Center

United States Department of Agriculture. Please help us comply with the requirements of the CACFP by completing, signing and returning the attached statement as soon as possible. This information is necessary to decide the level of CACFP reimbursement your family day care center is eligible to receive for the meals served to children in our program. This form will be placed in a file and treated as confidential information. All children in our program receive their meal free of charge, but the determination of eligibility category affects the amount of Federal funding received by us.

A foster child enrolled in our program who is the legal responsibility of a welfare agency or court may be certified as eligible for free meals regardless of your household income. Please refer to the instructions on how to complete the Income eligibility application form or contact us for additional information.

If your household currently receiving benefits under the Food Stamps Program or Food Distribution Program on Indian Reservations (FDPIR) on behalf of your child, then you need to only list either your Food Stamp or FDPIR case number. In addition, you must sign and date the statement at the bottom of the form. However, if a Food Stamp or FDPIR case number is not reported, you must have an adult complete the following items on the eligibility statement: the total current household income by source, names of all household members, the signature and social security number of an adult household member and the date the form was completed.

The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of a boarding house or an institution) who are living as one economic unit (i.e., sharing living expenses).

The income you report must be last month total gross household income listed by source, for each household member. If last month's income does not accurately reflect your circumstances, you may provide a projection of your annual income, and you may use last year's income as a basis for making this projection if no significant changes have occurred. If your households' income is equal to or less than the amounts indicated for your households' size on the chart below, your provider may qualify for maximum reimbursement rates.

You are required to notify us if there is a change in household size or an increase in income, which exceeds \$50.00 per month or \$600.00 per year. If you list a Food Stamp or FDPIR case number, you must notify us when you no longer receive Food Stamps or FDPIR benefits for your child. Similarly, you should notify us if you become unemployed and the loss of income during the period of unemployment causes your family to be within the eligibility standards.

**INCOME ELIGIBILITY GUIDELINES
REDUCED PRICE MEALS
(Effective) from July 1, 2008 to June 30, 2009)**

HOUSEHOLD SIZE	ANNUAL	MONTHLY	WEEKLY
1	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
For each Additional family member	+6,660	+555	+129

The US Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET center at (202) 720-26600 (voice and TDD).

To File a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

The Children, Youth and Families Department/Family Nutrition Bureau is the State Agency administering the Child and Adult Care Food Program in New Mexico, for any program assistance or information concerning the administration of the program, write to CYFD/Family Nutrition Bureau, P.O. Drawer 5160, 1422 Paseo de Peralta, Bldg. #2, Santa Fe, New Mexico 87502-5160 or call (505) 827-9961, 1-(800) EAT-COOL.

Thank you for your cooperation.

Sponsors Representative

Contract Agreement for CACFP Vended Meal Service

Provisions and Conditions for off site meal preparation and delivery

I. Involved Parties;

This agreement is entered into between;

Food Service Management Company (Vendor)

(Address/Location)

(Contact Person)

Telephone Number

and

Independent Child Care Center or Sponsor of Child Care Centers (Center)

hereafter referred to as the Vendor and the Center.

II. Rates and Payment Provisions

The Vendor hereby agrees to furnish meals (inclusive/exclusive) of milk to the Center for the rates listed below:

Breakfast	\$ _____ each	Lunch	\$ _____ each
Snack	\$ _____ each	Supper	\$ _____ each

Approximately _____ meals will be required for each day of service. A monthly bill for the total number of meals ordered and received will be sent by the Vendor to the Center by the _____ of each month. Payment is due to the vendor _____.

[In accordance with CFR 226.6 (i)(7)]

Payment shall not be made to the vendor for; meals which are delivered outside of the agreed upon delivery time, meals which are spoiled or unwholesome at the time of delivery or do not otherwise meet the meal specification requirements contained in the contract.

III. Specifications

[In accordance with CFR 226.6 (i)(6)]

The vendor shall operate in accordance with current USDA Child and Adult Care Food Program regulations.

[In accordance with CFR 226.6 (i)(4)]

Meals delivered shall conform to a Cycle Menu **(Please Attach copy)** upon which the bid was based and to menu changes agreed upon in writing by both the center and the vendor.

[In accordance with CFR 226.6 (i)(10)]

All meals and snacks must conform to the State of New Mexico and the USDA Child and Adult Care Food Program requirements of CFR 226.20 and in nutritive value and content, required components and minimum quantities as specified in Attachment B (Meal pattern requirements/ creditable foods).

[In accordance with CFR 226.6 (i)(3)]

All meals and snacks must be prepared in a kitchen operating with a current passing certification inspection **(Please Attach copy)** from the State of New Mexico Environmental Department or have other local or Federal health certification. Health and sanitation conditions are to be met by the vendor at all times. All meals and snacks must be prepared under sanitary conditions and held, as well as delivered to the Center at proper temperatures to prevent food borne illness. Meals are to be made available upon request to New Mexico CYFD/FNB state agency staff for periodic inspection by the local health department or an independent agency to determine if bacteria levels conform to the levels which may be present in meals prepared or served by other establishments in the locality. The results of these inspections shall be submitted to the center and the state agency.

[In accordance with CFR 226.6 (i)(11)]

All main meals delivered for out-side school hours care centers shall be unitized with or without milk, unless an exemption is granted by the state agency. For other facilities the state agency may require unitization if there is evidence which indicates that it is necessary to insure compliance with CFR 226.20

IV. Ordering and Delivery Procedures

[In accordance with CFR 226.6 (i)(1)]

The following facilities which have been approved for participation in the CACFP are to have meals delivered to each location, each day, as specified.

<i>Facilities</i>	<i>Number of Meals</i>	<i>Delivery time</i>
_____	Breakfasts	_____
_____	Lunches	_____
_____	Snacks	_____
_____	Suppers	_____
days of the week; S M T W T F S		
_____	Breakfasts	_____
_____	Lunches	_____
_____	Snacks	_____
_____	Suppers	_____
days of the week; S M T W T F S		

[In accordance with CFR 226.6(i)(8)]

Meals shall be delivered in accordance with the delivery schedule described in the contract unless changes are agreed to by both parties in writing.

Deliveries may be made and will be accepted up to _____ minutes prior to, and/or _____ minutes after the delivery time specified and still be considered within the contracted delivery time.

[In accordance with CFR 226.6(i)(9)]

Increases or decreases in the number of meals ordered may be made by the center as needed by submitting a change order for the number of meals required for the next day of service, to the delivery person at the time of current day delivery or by calling the vendor's office with at least _____ hours of prior notice.

V. Record Keeping

[In accordance with CFR 226.6 (i)(2)]

The vendor shall maintain such records (supported by invoices, receipts, or other evidence) as the institution will need to meet its responsibilities under CFR 226.6(i) and shall promptly submit invoices and delivery reports to the center no less frequently than monthly.

[In accordance with CFR 226.6 (i)(5)]

The books and records of the vendor pertaining to the institution's food service operation shall be available for inspection and audit by representatives of; The State Agency, The USDA or The US General Accounting Office at any reasonable time and place, for a period of three years from receipt of final payment under the contract, or in cases where an audit requested by the State agency or USDA remains unresolved, until such time as the audit is resolved.

Meal service transporting equipment, containers and utensils will be provided by _____ and will be cleaned and sanitized on a daily basis by _____.

The center assumes ultimate responsibility as a sponsoring organization for the Child and Adult Care Food Program, and for the accuracy of all records and compliance with Federal and State Regulations. The vendor agrees to immediately correct any areas of noncompliance brought to their attention by the Center and/or State agency or USDA representatives. The center shall be responsible for processing its own Income Eligibility Applications and for any over claim resulting from improperly categorized applications, meal counting errors or other over claims.

VII Contract Effective Period

This agreement shall be effective as of _____ and shall remain in effect until _____.
Date
Date
 Termination of this contract can occur with _____ days of written notice given by either party. Modifications may occur at any time when agreed to by both parties in writing.

IN WITNESS WHEREOF, The aforementioned parties have executed this agreement on the dates indicated below:

Representative for the Child Care Center or Sponsoring Organization	Title	Date
---	-------	------

Representative for the Food Service Management Company (Vendor)	Title	Date
---	-------	------